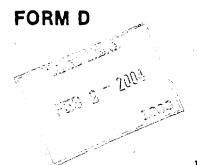
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

04007015
Estimated average burden

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

hours per response ...16.00

Name of Offering (check is	f this is an amendment and name has changed, and in	dicate change.)
MOVIN'S OUT TOUR COMPA	السباغة والمساور والمناف الأرسانان والمساور والمساور والمناف والمساور والمساور والمساور والمساور والمساور	
Filing Under (Check box(es) that	t apply): 🗋 Rule 504 🗎 Rule 505 🖾 Rule 506	□ Section 4(6) □ ULOE
Type of Filing: New Filing	☐ Amendment	ALL SEVENED
	A. BASIC IDENTIFICATION DATA	
1. Enter the information request	ed about the issuer	· FX (0 2 2004
Name of Issuer (check if the	nis is an amendment and name has changed, and indic	ate change.)
Movin' Out Tour Compa		(K). (40)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	
250 West 52nd Street.	t 4th Floor, New York, NY 10019	(212) 489-9140
Address of Principal Business Of (if different from Executive Office)	perations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
	Production of the national touring	production of the
	dramatico-musical work entitled "Mo	BKOCE33FP
Type of Business Organization		Clarker (place and to) FEB 04 2004
Corporation the second	☑ limited partnership, already formed	LI ORDE TOREAGE ADELITY!
D business trust	☐ limited partnership, to be formed	THOMSON SINANCIAL
Actual or Estimated Date of Inc	orporation or Organization: Month Year 0 9 0 3	□ Actual □ Estimated
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service ab CN for Canada; FN for other foreign j	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely,

		A. BASIC IDENT	FICATION DATA		
2. Enter the information r	requested for the				
	-	• ,	d within the past five yes	ars;	
Each beneficial own securities of the issu	er having the pov	wer to vote or dispose, o	or direct the vote or dispo	osition of, 10%	or more of a class of equi
Each executive office	er and director of	corporate issuers and o	f corporate general and π	anaging partner	rs of partnership issuers; ar
• Each general and m					Parameters is to act of the
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Nederlander Prese					
Business or Residence Add	ress (Number a	and Street, City, State, 2	Zip Code)		
1450 Broadway, 6t	th Floor, No	ew York, NY 100	18		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Nederlander, Jame	es L.				
Business or Residence Add		and Street, City, State,	Zip Code)		
145 Central Park	West, #7A,	New York, NY 1	0023		A
Check Box(es) that Apply:	☐ Promo⊪er	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number a	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				·
Business or Residence Addi	ress (Number s	and Street, City, State,	Zip Codé)	***	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number a	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Pull Name (Last name first	, if individual)	<u> X.,</u>			
Business or Residence Add	ress (Number a	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				transfer a server
Business or Residence Addi	ress (Number i	and Street, City, State,	Zip Code)		

file hlank sheet, or copy and use additional copies of this sheet, as need

				B. I	NFORMA	TION AB	OUT OFF	ERING				·····	
1. Has	the issuer	sold or de	nes the issu	ver intend	to sell to	non-accre	dited inves	tors in this	offering?	·		Yes 🗆	No
		Join, O. W.			in Append							_	_
2. What	t is the mi	nimum inv										S_ N	/ A
								•				Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single un	it?	• • • • • • • • •	• • • • • • • • • •					
sion e to be list th	or similar r : listed is a he name o:	emunerati n associate f the broke	on for soliced person o	citation of or agent of r. If more	purchasers a broker (than five (in connector dealer re (5) persons	tion with st egistered w to be liste	ales of securith the SE and are asso	rities in the C and/or	directly, and offering. with a state one of suc	If a person or states,)	
Full Name	(Last nar	ne first, if	individua)		7							
					N/A								
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer		<u> </u>								 ,
States in V	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	licit Purch	nasers			· · · · · · · · · · · · · · · · · · ·	 		
(Check	"All State	s" or chec	k individu	al States)				.				□ All	State
{AL}	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	{DC}	[FL]	[GA]	(HI)	(ID	i
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	(MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	{PA	
[RJ]	(SC)	[SD]	[TN] individual	[TX]	(CT)	[VT]	{VA}	[WA]	{WV}	[WI]	{WY}	¦ PR	j
	(===:	,		,									
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of	Associated	Broker or	Dealer										
States in \	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	olicit Purcl	nasers	· · · · · · · · · · · · · · · · · · ·					
(Check	"All State	s" or chec	k individu	al States)				• • • • • • • • •	. .				State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
	[IN]	{ IA }	{KS}	[KY]	(LA)	[ME]	[MD]	(MA)	[MI]	[MN]	[MS]	[MO	
[MT] [R]]	[NE]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	(NM) (UT)	{NY} [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[PA [PR	
			individua	·									-
				,									
Ruciness o	r Periden	~ Address	(Number	and Stree	City St	te Zin C	ode)		· · · · · · · · · · · · · · · · · · ·				
	, Kenden	ic reduies.	(1.421200)		., .,,,	ic, Esp	,						
Name of	Associated	Broker or	Dealer				······				· · · ·		
States in 1	Which Per	son Listed	Has Solic	ited or In	tends to Sc	olicit Purc	hasers		<u>. </u>				
(Check	"All State	s" or ched	k individu	al States)				• • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		□ All	State
[AL]	{AK}	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	{PA	
[RI]	[SC]	[SD]	[TN]	[TX]	נעדן	{ VT }	[VA]	[WA]	-{WV}	[WI]	{WY}	[PR	٠]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	•		ggregate		A m	ount Already
	Type of Security		ering Price			Sold
	Debt			-		
	Equity	S	_ 0	-	S	0
	□ Common □ Preferred		_			_
	Convertible Securities (including warrants)					
	Partnership Interests					
	Other (Specify)					
	Total	<u>\$_4</u>	000,000	<u>0</u>	S	
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number nvestors		Do	Aggregate ilar Amount Purchases
	Accredited Investors			_	S_	0
	Non-accredited Investors			_	s	0
	Total (for filings under Rule 504 only)			_	s	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of		Dol	lar Amount
	Type of offering		Security			Sold
	Rule 505			_	S	N/A
	Regulation A			_	S	N/A
	Rule 504	_		_	S _	N/A
	Total	_		_	S	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future confingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		1		S	0
	Printing and Engraving Costs			X	S	500
	Legal Fees	••••	i	Ø	<u>s_6</u>	,000
	Accounting Fees	· • • • • •		X)	s_ 1	.000
	Engineering Fees				S	0
	Sales Commissions (specify finders' fees separately)				S_ _	0
	Other Expenses (identify)					0
	Total			Ø	s_7	,500

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE	OF PROCEE	EDS .
	b. Enter the difference between the aggregate offering price given in response to I tion I and total expenses furnished in response to Part C - Question 4.a. This dif "adjusted gross proceeds to the issuer."	serence is the		\$ 3,992,500
	Indicate below the amount of the adjusted gross proceeds to the issuer used or prused for each of the purposes shown. If the amount for any purpose is not know estimate and check the box to the left of the estimate. The total of the payments list the adjusted gross proceeds to the issuer set forth in response to Part C - Question	n, furnish an ed must equal	Payments to Officers, Directors, & Affiliates	
	Salaries and fees	🗆 💲	0	<u>⊠ \$ 14.000</u>
	Purchase of real estate	🗆 \$.	0	D \$ 0
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$.	00	_ D s 0
	Construction or leasing of plant buildings and facilities	D \$	0	_ D \$0
	Acquisition of other businesses (including the value of securities involved in to offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		0	_ 0
	Repayment of indebtedness	🗆 s	0	_ D s 0
	Working capital	D \$	0	№ \$ 3,978,500
	Other (specify):	D \$	0	_ D \$0
			0	_ D \$ 0
	Column Totals			
	Total Payments Listed (column totals added)			3,992,500
	D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·		
foll	e issuer has duly caused this notice to be signed by the undersigned duly authorize lowing signature constitutes an undertaking by the issuer to furnish to the U.S./Secest of its staff, the information furnished by the issuer to any non-accredites investigations.	d person. If the	change Com	nission, upon written re-
lss	uer (Print or Type) Signature		Di	ate
lov	vin! Out Tour Company, L.P.			1/22/04
N u	me of Signer (Print or Type) derlander Presentations, Inc. James L. Nederlander Title of Signer (Print or Type) President of G		rtner	

_	L STATE BERATURE		
1.	. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	_	No ⊠
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	1	
Issuer (Print or Type)	Signature	Date
Movin! Out Tour Company, L.P.		1/22/04
Name (Print or Type)	Title (Print or Type)	
Nederlander Presentations, Inc.	7/21-1-15 (2) 1	ъ.
By: James L. Nederlander	President of General	Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.